

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WMA		11-27-01
O.I.P.E. CLASSIFIER		48	12/6/01
FORMALITY REVIEW	SIC	897	12-10-01
RESPONSE FORMALITY REVIEW	MTB	951	3/8/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	12-5 3/9 02/03
1	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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100-100  
3/12/02CCT  
12-10-01  
RM